

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041014

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 5 1962

541

3068

VS 300
Rev. 4/59

1 4002

2 4003

3

4 3

5 3

6

7 1

8 1

9 154X

10

11

12 45-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS CO. MO.

Length of stay in 1b

HRS

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis Co. Hospital.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

ST LOUIS

c. CITY OR TOWN

Kirkwood, Mo.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

347 S. Harrison Kirkwood Mo.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

IRIS

FRAME

4. DATE OF DEATH

Month

Day

Year

OCT.

22,

1962

5. SEX

Female

6. COLOR OR RACE

Col.

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

4/1/17

9. AGE (last birthday)

45

IF UNDER 1 YEAR

Months 6 Days 21

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

City Groove, Tenn.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME:

G. Beuford

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mattie Cawthon Mc Crary 337 S. Harrison

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Uterus
Metastasis from Carcinoma of Rectum

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-21-62 to 10-22-62 and last saw her alive on 10-22-62

Death occurred at 11:50 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Charles Dickson

(Degree or title)

22b. ADDRESS

601 S. Brentwood Bl., Clayton

22c. DATE SIGNED

10/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/27/62

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wright Funeral Home 3100 Easton Ave.

25. DATE RECD. BY LOCAL REG.

10-23-62

26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Arthur L. Gilliard

Licensed Embalmer No.

4221

P. O. Address

3100 Easton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.